

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: JAN K. CAERS, et al.)	Examiner:
)	
Serial No.: Pending)	Group Art Unit:
)	
Filed: Herewith)	
)	
For: DEVICE TO ASSIST HYPERHYDROSIS)	Irvine, California
THERAPY)	
)	

NON-PROVISIONAL PATENT APPLICATION TRANSMITTAL LETTER


Mail Stop: Patent Application
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir/Madam:

Enclosed herewith are the following documents:

- (x) Transmittal Letter – 4 pgs
- (x) Specification (31 pages) 17 Claims (4 pages); Abstract (1 page)
- (x) Drawings (3 sheets)
- (x) Declaration/Power of Attorney
- () Assignment with Recordation Cover Sheet
- () Information Disclosure Statement with cited art
- (x) Return/postage paid Postcard
- (x) Express Mail Certificate No. EV295682214US

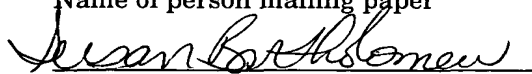
Dated: July 15, 2003


 STEPHEN DONOVAN
 Registration No. 33,433

CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10

I hereby certify that the above-identified documents are being deposited with the United States Postal Service on **July 15, 2003** in an envelope as "Express Mail Post Office To Addressee" mailing label number EV295682214US with sufficient postage for Express Mail addressed to MS: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: July 15, 2003

Susan Bartholomew
 Name of person mailing paper

 Signature of person mailing paper

NEW APPLICATION TRANSMITTAL FORM

To the Commissioner for Patents:

This is a Request for filing a NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled **DEVICE TO ASSIST HYPERHYDROSIS THERAPY** by the following named inventor:

1	Full Name of Inventor	Last Name: CAERS	First Name: JAN	Middle Name: K.	
	Residence and Citizenship	City: 2260 WESTERLO	State or Foreign Country: BELGIUM	Country Of Citizenship:	
	Post Office Address	Post Office Address: Lange Nieuwstraat 11	City: 2260 Westerlo	State or Country: Belgium	Zip Code:
2	Full Name of Inventor	Last Name: DE BOULLE	First Name: KOENRAAD	Middle Name:	
	Residence and Citizenship	City: ERPEMERE	State or Foreign Country: BELGIUM	Country Of Citizenship:	
	Post Office Address	Post Office Address: Landries 11	City: Erpemere	State or Country: Belgium	Zip Code:
3	Full Name of Inventor	Last Name:	First Name:	Middle Name:	
	Residence and Citizenship	City:	State or Foreign Country:	Country Of Citizenship:	
	Post Office Address	Post Office Address:	City:	State or Country:	Zip Code:

(X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

(X) Enclosed is a specification of 31 pages, 17 claims (4 pages) and an abstract (1 page).

Oath or Declaration

() Enclosed is a fully executed oath or declaration.

(X) Enclosed is an unsigned oath or declaration.

(X) A self-addressed return postcard is enclosed for verification of receipt.

(X) The filing fee is calculated below:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee (Large entity)			\$750.00	\$750.00
Total Claims	17 minus 20 =	-0-	\$18.00	\$.00
Independent Claims	4 minus 3 =	-1-	\$84.00	\$84.00
If application contains any multiple dependent claims, then add			\$280.00	\$.00
TOTAL FILING FEE				\$834.00

(X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.

() An Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.

(X) New drawing(s) are enclosed 3 sheets.

() A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.

() A Statement Pursuant to 37 CFR §1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.

() A properly labeled computer readable form of the Sequence Listing accompanies this Application.

(X) The Power of Attorney in this application is to Stephen Donovan, Registration Number 33,433.

() The Power of Attorney appears in the Combined Declaration and Power of Attorney, filed herewith.

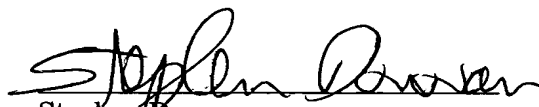
() A copy of the Request for Extension of Time filed in the prior application is enclosed.

Please address all future communications to:

STEPHEN DONOVAN
Registration No. 33,433
ALLERGAN, INC.
2525 Dupont Drive, T2-7H
Irvine, CA 92612
Tel: 714-246-4026 Fax: 714-246-4249

Respectfully submitted,

Date: July 15, 2003


Stephen Donovan
Registration No. 33,433
Attorney of Record